3701-17-07 Qualifications and health of personnel.

...(K) Except as provided in Chapter 3701-13 of the Administrative Code, no nursing home shall employ a person who applies on or after January 27, 1997, for a position that involves the provision of direct care to an older adult, if the person:
(1) Has been convicted of or pleaded guilty to an offense listed in division (C)(1) of section 3721.121 of the Revised Code; or
(2) Fails to complete the form(s) or provide fingerprint impressions as required by division (B)(3) of section 3721.121 of the Revised Code.

3701-17-15 Restraints.

(A) Except as provided in paragraph (F) of this rule for emergency situations, the nursing home shall not physically or chemically restrain a resident or subject a resident to prolonged isolation except on written order of a physician which shall include the date, means of restraint to be used, medical reason for restraint, and duration of restraint. Such written orders shall be made a part of the resident's record.

(1) The nursing home shall not use a physical or chemical restraint or isolation for punishment, incentive, or convenience.

(2) A nursing home's use of the following items for the purposes stated in this paragraph shall not be construed as physically or chemically restraining a resident or subjecting a resident to prolonged isolation:
(a) Devices that assist a resident in the improvement of the resident's mental and physical functional status and that do not restrict freedom of movement or normal access to one's body; and
(b) Medications that are standard treatment or a documented exception to standard treatment for the resident's medical or psychiatric condition which assist a resident in attaining or maintaining the resident's highest practicable physical, mental, and psychosocial well-being.
(c) Placement of residents who are cognitively impaired in a specialized care unit that restricts their freedom of movement throughout the home if:
(i) The home has made the determination to place each resident in such unit in accordance with paragraph (B) of this rule;
(ii) Care and services are provided in accordance with each resident's individual needs and preferences, not for staff convenience;
(iii) The need for continuation of placement of a resident in the locked unit is reviewed during each periodic assessment required by paragraph (F) of rule 3701-17-10 of the Administrative Code and during the continuing care planning required by rule 3701-17-14 of the Administrative Code;
(iv) The locked unit meets the requirements of the state building and fire codes; and
(v) Resident who are not cognitively impaired are able to enter and exit the unit without assistance.

(B) Except as provided in this paragraph, and paragraph (F) of this rule for emergency situations, prior to authorizing the use of a physical or chemical restraint on any resident, the nursing home shall ensure that the attending physician:

(1) Makes a personal examination of the resident and an individualized determination of the need to use the restraint on that resident; and

(2) In conjunction with an interdisciplinary team of health professionals and other care givers, conducts an individualized comprehensive assessment of the resident. This assessment shall:
   (a) Identify specific medical symptoms that warrant the use of the restraint;
   (b) Determine the underlying cause of the medical symptom and whether that underlying cause can be mitigated;
   (c) Investigate and determine if possible alternative interventions have been attempted and found unsuccessful. Determine the least restrictive device that is most appropriate to meet the needs of the resident, taking into consideration any contraindications;
   (d) Discuss with the resident or authorized representative, and any other individual designated or authorized by the resident, the risks and benefits of the restraint; and
   (e) Obtain written consent from the resident or the resident’s authorized representative. A nursing home may restrain or isolate a resident transferred from another health care facility based on the resident’s transfer orders if such orders include restraint use or isolation authorization and the home complies with the provisions of this paragraph within twenty-four hours of the resident’s admission or readmission to the home.

(C) If a physical restraint is ordered, the nursing home shall select the restraint appropriate for the physical build and characteristics of the resident and shall follow the manufacturer’s instructions in applying the restraint. The nursing home shall ensure that correct application of the restraint is supervised by a nurse and that the restrained resident is monitored every thirty minutes. The visual monitoring of the restrained resident may be delegated as permitted under state law. Jackets, sheets, cuffs, belts, or mitts made with unprotected elements of materials such as heavy canvas, leather, or metal shall not be used as restraints.

(D) When physical or chemical restraints are used, the nursing home shall ensure that the restrained resident receives a nutritionally adequate diet and shall develop and implement a comprehensive individualized plan of care for the restraint use which includes measures to minimize risks and the decline of the resident.

(E) The attending physician or a staff physician may authorize continued use of physical or chemical restraints for a period not to exceed thirty days and, at the end of this period and any subsequent period, may extend the authorization for an additional period of not more than thirty days. The use of physical or chemical restraints shall not be continued without a personal examination of the resident and the written authorization of the attending physician stating the reasons for continuing the restraint.
Physical or chemical restraints or isolation may be used in an emergency situation without authorization of, or personal examination by, the attending physician only to protect the resident from injury to self or others. Use of the physical or chemical restraint or isolation shall not be continued for more than twelve hours after the onset of the emergency without personal examination and authorization by the attending physician.

When isolation or confinement is used, the nursing home shall ensure that:
(1) The resident is continually monitored and periodically reassessed for continued use and need of this method of intervention;
(2) The door is secured in such a way as to be readily opened in case of an emergency;
(3) The resident is isolated or confined for the least amount of time to achieve desired outcome.

Members of the nursing home’s quality assurance committee, required by rule 3701-17-06 of the Administrative Code, shall review monthly the use of restraints and isolation and any incidents that resulted from their use, as well as incidents which resulted in the use of restraints or isolation. The review shall identify any trends, increases, and problems, the need for additional training, consultations or corrective action which shall be discussed and reflected in the minutes of the next quality assurance committee meeting.

For purposes of this rule:
(1) "Prone restraint" means all items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual’s body while the individual is in a face-down position for an extended period of time. Prone restraint includes physical or mechanical restraints; and
(2) "Transitional hold" means a brief physical positioning of an individual facedown for the purpose of quickly and effectively gaining physical control of that individual in order to prevent harm to self and others, or prior to transport to enable the individual to be transported safely. A transitional hold may include the use of handcuffs or other restraints incident to arrest or temporary detention by law enforcement consistent with departmental policy.

The use of a prone restraint is prohibited in nursing homes.

The use of a transitional hold may be permitted only when all of the following conditions are met:
(1) A transitional hold may be applied only by staff with current training on the safe use of this procedure, including how to recognize and respond to signs of distress in the individual;
(2) A transitional hold may be applied only in a manner that does not compromise breathing, including the compromise that occurs with the use of:
(a) Pressure or weight bearing on the back;
(b) Soft devices such as pillows under an individual's face or upper body; or
(c) The placing of an individual's or staff's arms under the individual's head, face, or upper body;

(3) A transitional hold may be applied only for the reasonable amount of time necessary to safely bring the person or situation under control and to ensure the safety of the individuals involved; and

(4) A transitional hold may be applied only with consistent and frequent monitoring during and after the intervention with every intent to assure that the person is safe and suffers no harm.

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